



Wexford
Community Credit Union
Wexford | Missaukee | Osceola

Visa Account Closing Form

Member Name:
CU Account Number:
Visa Card Number:

I hereby wish to close my Visa credit card account ending in _____. I understand that any balance due will be my responsibility as agreed in the original Visa application I signed. The card shown above should be shredded as needed as it will no longer be available for use.

X _____ (Signature)

Printed Name:
Date:

Were you happy with our Visa Program? If not why? _____

(Back Office Use Only)

Bal due(if applicable):\$	Authorized/Pending amounts:	These amounts verified by:	
		Date:	
Cards on account:	Cards Surrendered:	Cards Shredded: (Y / N)	
Card Closed on FIS	File Archived to A C	Suffix Removed	Tracked
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
By:	By:	By:	By:
Date:	Date:	Date:	Date:
Form Received By/Date:		Form Processed By/Date:	